

Receipt No.: _____

City of Flagstaff
Parks and Recreation Division
211 W. Aspen Ave.
Flagstaff, AZ 86001

(520) 779-7690

Registration Form

You may register for recreation activity programs by completing this application and returning it with your check, payable to the City of Flagstaff, to the above location. Please complete one form *per person* in pen (forms may be photocopied).

Participant's Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Age: _____ Gender: M F

Grade: _____ School: _____ D.O.B.: _____

Day Phone No.: _____ Evening Phone No.: _____

Please explain any health, diet, or special needs of participant: _____

Name of parent or other participant for parent/child classes: _____

Name of traveling companion or roommate: _____

Emergency contact name and phone number: _____

Activity or Program	Day	Time	Fee
			\$
			\$
			\$
			\$
			\$
			\$

I am aware of the nature of this activity and I assume responsibility for myself, if I am a participant, and as parent or guardian of the minor child indicated above as participant. I will not hold the City of Flagstaff, the Parks and Recreation Division, or its employees responsible in case of accident or injury resulting from my participation or the participation of the minor child indicated above. I hereby release from responsibility anyone transporting the child or me indicated above to or from any activity or program listed on this form. I hereby approve of the City of Flagstaff Parks and Recreation Division, to use my likeness or my minor child's likeness in future publications and/or publicity.

Signature of Participant (Parent or Guardian if participant is under 18)

Today's Date

Revised 8/2/99